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Aug 17, 2006 8:00 am
Secretary of State
08-09-2006 90094 027 ***205.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106032

1. Entity Name
REMODELING ASSISTANCE LLC

Principal Place of Business	Mailing Address
900 OSCEOLA TRL CASSELBERRY, FL 32707 US	900 OSCEOLA TRL CASSELBERRY, FL 32707 US

07252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
900 OSCEOLA TR	900 OSCEOLA TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CASSELBERRY	City & State: CASSELBERRY FL
Zip: 32707 Country: USA	Zip: 32707 Country: USA

4. FEI Number 20-3379208 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, RONNALD W JR.
900 OSCEOLA TRL
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 8-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, RONALD W JR. 900 OSCEOLA TRL CASSELBERRY, FL 32707	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 8-14-06 4076999322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #